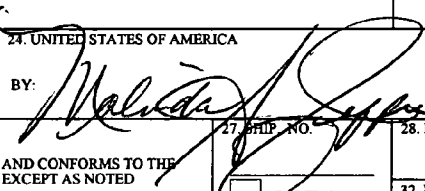


ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997	PAGE 1 OF 4
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. SP0700-03-D-9426		2. DELIVERY ORDER NO. 0005		3. DATE OF ORDER (YYMMDD) 2003 NOV 06		4. REQUISITION/PURCH REQUEST NO. YPC03230000142	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAJ (614)692-7531 / FAX: (614)693-1679 E-mail: Cynthia.Farley-Fitzpatrick@dla.mil		CODE SP0700	7. ADMINISTERED BY (If other than 6) DCMA SYRACUSE 615 ERIE BLVD WEST SUITE 300 (315) 423-8594 SYRACUSE NY 13204-2408		CODE S3306A	5. PRIORITY DOA1	
9. CONTRACTOR TACTAIR FLUID CONTROLS INC 4806 W TAFT RD LIVERPOOL NY 13088		CODE 70236	FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 328 DAYS ARO		
NAME AND ADDRESS		12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED (See Schedule if other)			
		13. MAIL INVOICES TO See Block 15					
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		CODE	15. PAYMENT WILL BE MADE BY ATTN DFAS CO BYDPCC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
			EFT: T				
16. TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	PURCHASE	Reference your _____ and furnish the following on terms specified herein.					
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 SCC0 001 26.0 S33150							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.			TOTAL: 6			
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA		25. TOTAL \$ 54180.00	
26. QUANTITY IN COLUMN 20 HAS BEEN				BY: 		29. DIFFERENCE	
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP NO.		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				28. D.O. VOUCHER NO.		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.				32. PAID BY		34. CHECK NUMBER	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		35. BILL OF LADING NO.	
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.	

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THIS DELIVERY ORDERF IS ISSUED IN ACCORDANCE WITH CONTRACT
SP0700-03-D-9426. ALL TERMS AND CONDITIONS OF THE BASIC CONTACT ARE
APPLICABLE AND TAKE PRECEDENCE OVER ANY CONFLICTING TERMS AND CONDITIONS
OF THIS DELIVERY ORDER.

PLACE OF INSPECTION (PACKAGING): WEATHER PRODUCTS CORPORATION (4K868).

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SECTION B

PR YPC03230000142

NSN 4320-01-168-4845

ITEM DESCRIPTION:

PUMP, HYDRAULIC RAM, HAND DRIVEN

CRITICAL APPLICATION ITEM

TACTAIR FLUID CONTROLS INC

(70236) P/N HP1375100-3

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03230000142	0001	6	EA	\$9030.00000	\$54180.00

QTY VARIANCE: PLUS 5% MINUS 5%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = BL: CLNG/DRY = 1: PRESV MAT = 49:

WRAP MAT = XX: CUSH/DUNN MAT = AD: CUSH/DUNN THKNESS = X:

UNIT CONT = E5: OPI = O:

PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E

DATED 3029

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 SEP 29

PARCEL POST ADDRESS:

W62G2T

XU DEF DIST DEPOT SAN JOAQUIN

TRANSPORTATION OFFICER

PO BOX 960001

STOCKTON

CA 95296-0130

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SECTION B

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95376-5000

NON-MILSTRIP
PROJ

REMIT PAYMENT TO:
